

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

**ORI:** \_\_\_\_\_ Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer  
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: \_\_\_\_\_

### Agency Address Set Contributing Agency:

|   |                  |   |
|---|------------------|---|
| _____   |                  | _____   |
| Agency authorized to receive criminal history information |                  | Mail Code (five-digit code assigned by DOJ)         |
|   |                  |   |
| _____   | _____            | _____   |
| Street No.  | Street or PO Box | Contact Name (Mandatory for all school submissions) |
|   |                  |   |
| _____   | _____            | (      ) _____                                      |
| City  | State            | Zip Code  |
|   |                  | Contact Telephone No.                               |

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

AKA's: \_\_\_\_\_ CDL No. \_\_\_\_\_  
Last First

DOB: \_\_\_\_\_ SEX: ☐ Male ☐ Female Misc. No. **BIL** - \_\_\_\_\_  
Agency Billing Number (if applicable)

HT: \_\_\_\_\_ WT: \_\_\_\_\_ Misc. No. \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_ Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: \_\_\_\_\_ Street or PO Box

SOC: \_\_\_\_\_ City, State and Zip Code

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_

Level of Service DOJ ☐ FBI ☐

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

\_\_\_\_\_

Employer Name

\_\_\_\_\_

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

\_\_\_\_\_

(      ) \_\_\_\_\_

City State Zip Code Agency Telephone No. (Optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date \_\_\_\_\_  
Name of Operator

\_\_\_\_\_

Transmitting Agency ATI No. Amount Collected/Billed

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